

**VITAL SIGNS WEIGHT/HEIGHT RECORD**  
(Optional Form)

**WHEN:** When indicated or when M.D. issues an order

**ON WHOM:** Any appropriate client

**COMPLETED BY:** M.D., R.N., L.V.N.,

**MODE OF COMPLETION:** Legibly handwritten, typed or word processed on form HHSA:MHS-909

**REQUIRED ELEMENTS:** Note date and time of entry and complete as appropriate for client. Temperature, pulse, respiration's, weight, height, and blood pressure are to be entered if they are taken. Signature and title of staff completing documentation must be present.